

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007238

STATE FILE NUMBER

AMENDED

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 7-62

FILED FEB 27 1962

1. PLACE OF DEATH a. COUNTY - Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eugene				Length of stay in 1b years		c. CITY OR TOWN Eugene	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1	
3. NAME OF DECEASED (Type or print) First Edward Middle Bungart Last Bungart				4. DATE OF DEATH Month February Day 17 Year 1962			
5. SEX male		6. COLOR OR RACE caucasian		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/15/94	
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months 67 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and state or country) Marys Home, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME William Bungart				13b. MOTHER'S MAIDEN NAME Kathrine Brendzen		14. NAME OF HUSBAND OR WIFE Angeline Bungart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 5		17. INFORMANT Angeline Bungart Address Eugene, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Cachexia DUE TO (b) prostatitic carcinoma DUE TO (c) prostatitic carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 11:20 a.m. 11:20 p.m. 11:20		Month, Day, Year 10-21-61		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 10-21-61		20g. COUNTY 2-11-62		20h. STATE 2-11-62	
21. I attended the deceased from 10-21-61 to 2-11-62 and last saw her alive on 2-11-62 Death occurred at 11:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James Howard D.O.</i> (Degree or title)				22b. ADDRESS Tuscumbia, Missouri		22c. DATE SIGNED 2-19-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/20/62		23c. NAME OF CEMETERY OR CREMATORY Marys Home		23d. LOCATION (City, town, or county) (State) Miller, County, Missouri	
24. FUNERAL DIRECTOR Phillips Funeral Home		ADDRESS Eldon, Mo.		25. DATE RECD. BY LOCAL REG. 2-21-1962		26. REGISTRAR'S SIGNATURE <i>Mrs. D. E. Kallenbach</i>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elkton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.